

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.
107019258

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		0		0		
9		0		0		
10		0		0		
11		0		0		
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	11					
TOTAL CLAIMS	14					

	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL CLAIMS						